

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>097781450</i>	FILING DATE <i>02-13-01</i>				
CLAIMS							*	*	*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	51					
1	/						52					
2	/						53					
3	/						54					
4	/						55					
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42							93					
43							94					
44							95					
45							96					
46							97					
47							98					
48							99					
49							100					
50							TOTAL IND.					
TOTAL IND.	<i>6</i>						TOTAL DEP.					
TOTAL DEP.	<i>15</i>						TOTAL DEP.					
TOTAL CLAIMS	<i>21</i>						TOTAL CLAIMS					